



Victim Compensation Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board
PO Box 3036, Sacramento, CA 95812-3036
Or fax to: 916-323-4626 Attn: Planning and Publications

| | | |
|--------------------------------------|--------------------------------|------|
| ORGANIZATION NAME | | DATE |
| MAILING ADDRESS | REQUESTED BY | |
| CITY | STATE | ZIP |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | FAX NUMBER (INCLUDE AREA CODE) | |

| TITLE | QUANTITY | | | | | |
|--|----------|----|----|-----|-----|------|
| | 5 | 25 | 50 | 100 | 300 | 500* |
| VICTIM INFORMATION | | | | | | |
| VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION | | | | | | |
| FAMILY MEMBER OR DEPENDENT VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION | | | | | | |
| COMPENSATION FOR VICTIMS OF VIOLENT CRIMES BROCHURE WITH APPLICATION & BUSINESS REPLY ENVELOPE | | | | | | |
| COMPENSATION FOR VICTIMS OF VIOLENT CRIME BROCHURE W/APPLICATION | | | | | | |
| COMPENSATION FOR VICTIMS OF VIOLENT CRIME BROCHURE | | | | | | |
| YOUR RIGHT TO APPEAL BROCHURE | | | | | | |
| LAW ENFORCEMENT JOB-AID | | | | | | |
| VCP BILINGUAL POSTER (VIOLENCE HURTS EVERYONE) | | | | | | |
| VICTIM COMPENSATION CONNECTION NEWSLETTER | | | | | | |
| RESTITUTION FOR VICTIMS BROCHURE | | | | | | |
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| OTHER | |
| VCGCB ANNUAL REPORT (SPECIFY YEAR OR CURRENT) | |

- ANY REQUESTS OVER 500, PLEASE CALL 324-0402 or EMAIL sdavidso@vcgcb.ca.gov.

You may also visit our website at www.victimcompensation.ca.gov to download many of these publications.